STATE OF OREGON

# WATER WELL REPORT

(as required by ORS 537.765)

CROO 027

14S/16E/32CB 18226

(START CARD) # _____

## (1) OWNER:

Well Number: 0114

Name Pioneer Memorial Hospital

Address 1201 N. Elm

City Prineville State OR Zip 97754

## (2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

## (3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable

☐ Other _____

## (4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation

☐ Thermal ☐ Injection ☐ Other _____

## (5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 281 ft.

Explosives used Yes ☐ No ☒ Type — Amount —

| HOLE Diameter | From | To | SEAL Material | From | To | Amount sacks or pounds |
|---|---|---|---|---|---|---|
| 12 | 0 | 40 | Cement | 0 | 40 | 3 yards |
| 8 | 40 | 281 | | | | |
| | | | | | | |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Tremie pipe

Backfill placed from — ft. to — ft. Material —

Gravel placed from — ft. to — ft. Size of gravel —

## (6) CASING/LINER:

| | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| Casing: | 6" | +1 | 231 | .250 | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: — | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Final location of shoe(s) NONE

## (7) PERFORATIONS/SCREENS:

☒ Perforations Method Cutting torch

☐ Screens Type — Material —

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 221 | 231 | [illegible] | | | | ☐ | ☐ |
| | | 1/2 x 6 | 150 | | | ☒ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

## (8) WELL TESTS: Minimum testing time is 1 hour

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 100 | 150 | | 1 hr. |
| | | | |
| | | | |

Temperature of water 62 Depth Artesian Flow Found —

Was a water analysis done? ☐ Yes By whom —

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: —

## (9) LOCATION OF WELL by legal description:

County Crook Latitude _____ Longitude _____

Township 14 N or S Range 16 E or W, WM.

Section 32CB N.W. ¼ S.W. ¼

Tax Lot 100 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

## (10) STATIC WATER LEVEL:

90 ft. below land surface. Date 5-19-90

Artesian pressure — lb. per square inch. Date —

## (11) WATER BEARING ZONES:

Depth at which water was first found 221

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 221 | 231 | 50 | 100 |
| 271 | 281 | 50 | 90 |
| | | | |
| | | | |

## (12) WELL LOG:

Ground elevation _____

| Material | From | To | SWL |
|---|---|---|---|
| Top Soil | 0 | 1 | |
| Gravel | 1 | 35 | |
| Brown Clay | 35 | 97 | |
| Gray Clay | 97 | 221 | |
| gravel | 221 | 231 | 100 |
| Green Clay | 231 | 271 | 100 |
| Shale | 271 | 281 | 90 |

Date started 5-12-90 Completed 5-19-90

**(unbonded) Water Well Constructor Certification:**

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____

Signed _____ Date _____

**(bonded) Water Well Constructor Certification:**

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 444

Signed Archie Fox Date 5-19-90

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